

IDAHO POST ACADEMY COURSE ATTENDANCE ROSTER

POST Staff use only Reconciliation (Initials & Date) Routing Reconciled _____ ISP _____ No Tuition to POST _____ _____ Course Number Training Coordinator			Agency Certified to Present Course							
			Title of Course							
			Date Course Given			Time Course Given				
			From		To		From		To	
			No. of City Officers		No. of County Deputies		No. of State Officers		No. of Non-LE	
			Location of Course - City & State			Total Hrs		Total Grads		
Name of Trainee (PLEASE PRINT!) ↓ Place "X" here if trainee did NOT complete course. ↓ For Office Use ONLY!			Officer ID Number The ID number is comprised of the last 4 digits your SSN number, the first four letters of your first name and your day of birth: Example 6789jere07		Current Assignment	Agency (Do not abbreviate)		Course Hours Completed		
		1.								
		2.								
		3.								
		4.								
		5.								
		6.								
		7.								
		8.								
		9.								
		10.								
		11.								
		12.								
		13.								
		14.								
		15.								
		16.								
		17.								
		18.								
		19.								
		20.								
Original must be returned within 30 days (NO COPIES ACCEPTED)										
Name of Instructor (s)			Officer ID Number (see above for instruction)		Department or Agency			# Hours Instructed		
1.										
2.										
3.										
Signature of Person Making Report					PRINTED NAME		Date		Page ____ Of ____	